

**County of Milwaukee**  
Interoffice Communication

DATE: January 10, 2014

TO: Sup. Marina Dimitrijevic, Chairwomen, Milwaukee County Board of Supervisors  
Sup. Willie Johnson, Jr., Co-Chair, Committee on Finance, Personnel and Audit  
Sup. David Cullen, Co-Chair, Committee on Finance, Personnel and Audit  
Sup. Peggy Romo West, Chairperson, Committee on Health and Human Needs

FROM: Stephanie Sue Stein, Director, Milwaukee County Department on Aging

RE: Request for authorization to increase by \$31,820, from \$398,501 to \$430,321, the 2014 contract with Legal Action of Wisconsin, Inc., to provide Benefit Specialist/Legal Services, originally authorized under File No. 13-896

I respectfully request that the attached resolution be scheduled for consideration by the following standing committees: (1) Committee on Health and Human Needs at its meeting on January 29, 2014 and (2) the Committee on Finance, Personnel and Audit at its meeting on January 30, 2014.

The attached resolution authorizes the Director, Department on Aging, to increase by \$31,820, from \$398,501 to \$430,321, the 2014 contract with Legal Action of Wisconsin, Inc., to provide Benefit Specialist/Legal Services, originally authorized under File No. 13-896. The increase is funded through a grant from the Medicare Improvements for Patients and Providers Act and awarded through the Wisconsin Department of Health Services.

The 2014 contract award to Legal Action of Wisconsin, Inc., provides for both benefit specialist services and legal services to seniors age 60 or older. Offering such services is a priority of the Older Americans Act and a key part of the Milwaukee County Area Plan for Older People. In addition to Older Americans Act dollars, the program receives funding from several state sources including State Benefit Specialist Program, State Health Insurance Assistance Program (SHIP) and Office of the Commissioner of Insurance.

The Benefit Specialist/Legal Services program assists more 1,000 Milwaukee County seniors annually to work through the complex maze of state and federal benefit programs and how they compare to private benefit plans. The program provides seniors, their family, and caregivers with health benefit information, counseling services, and assistance in understanding their public and private health insurance options. The program helps seniors to determine which health insurance plan, prescription drug program, or other benefit programs will serve them best and how to apply for such benefits.

Based on a collaborative effort by the Department on Aging, Legal Action of Wisconsin, Inc., and the Social Development Commission, Milwaukee County has received a grant totaling \$81,053 from the Wisconsin Department of Health Services and funded through the federal Medicare Improvements for Patients and Providers Act (MIPPA). The purposes of the grant includes (1) outreach activities informing seniors about a range of Medicare and/or Medicaid programs including Medicare Part D, Low Income Subsidy (LIS), Medicare Savings Program (MSP), and SeniorCare and (2) outreach activities aimed at preventing disease and promoting

Sup. Marina Dimitrijevic  
Sup. Willie Johnson, Jr.  
Sup. David Cullen  
Sup. Peggy Romo West  
January 10, 2014  
Page 2

wellness through the following programs: Living Well with Chronic Conditions, Healthy Living with Diabetes, Stepping On (fall prevention) and Powerful Tools for Caregivers.

The grant includes \$31,820 for Legal Action of Wisconsin, Inc. Legal Action of Wisconsin, through the SeniorLAW project, will conduct MIPPA activities by hiring a part-time advocate to supplement MIPPA work already handled by SeniorLAW staff. Senior LAW will provide application assistance for LIS and MSP customers and will promote preventive health benefits in partnership with local prevention and wellness programs. Senior LAW's Spanish-speaking advocate will reach out to the large Spanish-speaking population in Milwaukee County and will utilize the agency's contacts with the Hmong and African-American community to increase LIS and MSP enrollment for these populations.

The proposed resolution adds \$31,820 to the 2014 Benefit Specialist/Legal Services contract and enables Legal Action of Wisconsin, Inc., to administer its portion of the MIPPA grant.

If you have any questions, please contact me at 2-6876.



---

Stephanie Sue Stein, Director  
Milwaukee County Department on Aging

cc: County Executive Chris Abele  
Raisa Koltun  
Stephen Cady  
Martin Weedle  
Janelle Jensen  
Jodi Mapp  
Jonette Arms  
Thomas Condella  
Mary Proctor Brown  
Jonathan Janowski  
Gary Portenier  
Pat Rogers

## RESOLUTION

WHEREAS, on December 19, 2013, the Milwaukee County Board of Supervisors authorized the Director, Department on Aging, to execute contracts to provide programs and services to older adults for the period January 1, through December 31, 2014 [File No. 13-896]; and

WHEREAS, one of the programs authorized through File 13-896 is the Benefit Specialist/Legal Services program awarded to Legal Action of Wisconsin, Inc., and funded at \$398,501; and

WHEREAS, the goal of the Benefit Specialist/Legal Services program is to assist older persons in working through the complex maze of state and federal benefit programs; and

WHEREAS, the program provides seniors, family, and caregivers with (1) health benefit information, (2) benefits counseling, (3) assistance in determining which health insurance plans, prescription drug programs, and other benefit programs might serve them best, and (4) how to apply for such benefits; and

WHEREAS, the Milwaukee County Department on Aging, Legal Action of Wisconsin, Inc., and the Social Development Commission collaborated to receive a grant totaling \$81,053 from the Wisconsin Department of Health Services and funded by the federal Medicare Improvements for Patients and Providers Act (MIPPA); and

WHEREAS, the grant is to (1) provide outreach activities informing seniors about the range of Medicare and Medicaid related prescription drug programs, details of individual drug plans, funding alternatives for low income seniors, and targeting specific low income populations and (2) provide outreach activities aimed at preventing disease and promoting wellness; and

WHEREAS, participation by Legal Action of Wisconsin is to provide application assistance and promote health benefits in partnership with local prevention and wellness programs, with special emphasis on Spanish-speaking elders and contacts with the Hmong and

African American communities; and

WHEREAS, the MIPPA grant includes \$31,820 to fund MIPPA services provided by Legal Action of Wisconsin and to allocate those funds through the Department on Aging's Benefit Specialist/Legal Services program; now, therefore

BE IT RESOLVED, that the Director, Department on Aging, is hereby authorized to increase by \$31,820, from \$398,501 to \$430,321, the award to Legal Action of Wisconsin, Inc., to provide Benefit Specialist/Legal Services in 2014.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** January 10, 2014

Original Fiscal Note ☒

Substitute Fiscal Note ☐

**SUBJECT:** Request for authorization to increase by \$31,820, from \$398,501 to \$430,321, the 2014 contract with Legal Action of Wisconsin, Inc., to provide Benefit Specialist/ Legal Services, originally authorized under File No. 13-896

### FISCAL EFFECT:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact                                     | <input type="checkbox"/> Increase Capital Expenditures |
| <input checked="" type="checkbox"/> Existing Staff Time Required                                       | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues     |
| <input type="checkbox"/> Absorbed Within Agency's Budget   | <input type="checkbox"/> Decrease Capital Revenues     |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget   |  |
| <input type="checkbox"/> Decrease Operating Expenditures   | <input type="checkbox"/> Use of contingent funds       |
| <input type="checkbox"/> Increase Operating Revenues   |  |
| <input type="checkbox"/> Decrease Operating Revenues   |  |

*Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.*

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	31,820	
	Revenue	31,820	
	Net Cost	0	
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

## DESCRIPTION OF FISCAL EFFECT

**In the space below, you must provide the following information. Attach additional pages if necessary.**

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.<sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

This resolution authorizes the Director, Department on Aging, to increase by \$31,820, from \$398,501 to \$430,321, the 2014 contract with Legal Action of Wisconsin, Inc., to provide Benefit Specialist/ Legal Services, originally authorized under File No. 13-896. The increase is funded through a grant from the Medicare Improvements for Patients and Providers Act and awarded through the Wisconsin Department of Health Services.

This resolution has no fiscal impact on 2014 other than the allocation of staff time required to prepare the accompanying report and resolution.

---

Department/Prepared By: Department on Aging / Gary W. Portenier



Authorized Signature \_\_\_\_\_

Did DAS-Fiscal Staff Review?    ☐    Yes    ☒    No

Did CBDP Review?<sup>2</sup>    ☐    Yes    ☐    No    ☒    Not Required

---

<sup>1</sup> If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

<sup>2</sup> Community Business Development Partners’ review is required on all professional service and public work construction contracts.

## MEMORANDUM

**Date:** January 13, 2014

**To:** Supervisor Peggy Romo West, Chair, Committee on Health and Human Needs

**From:** Maria Ledger, Director, Department of Family Care

**Subject:** Information Only Report on the Milwaukee County Department of Family Care 2014 **Final** Capitation Rate

The Family Care program integrates home and community-based services, institutional care services (i.e., nursing homes), Medicaid personal care, home health, and other services that were previously funded separately. The Milwaukee County Department of Family Care (MCDFC) currently serves more than 8,233 members.

### *Capitation Rate Overview*

A Capitation Rate is a payment made to a Managed Care Organization (MCO) each month for each enrolled Family Care Member that month. It is established by an outside independent actuarial firm and covers all services in the Family Care benefit package and administration costs of the MCO.

Each MCO's rate is blended for all target group members (i.e., Developmentally Disabled, Physically Disabled and Frail Elderly) and the payment is the same for every Member. The payment represents a projected average cost across all MCO Family Care Members and is calculated as the minimum amount for all Members, plus add-on amounts for those Members with clinical characteristics related to add-ons.

The capitation rate may not be used as an upper limit on the cost of services each person receives. Costs may exceed revenue in a given year.

The State goes through a vetting process and selects historical cost data from Family Care MCOs whose data is determined to meet the standards for inclusion for each target group and a statistical model correlates information from two data sources. Currently, the capitation rate model includes data from twenty-two (22) counties and does not include MCDFC's data for the Milwaukee County expansion population for younger adults age 59 and under. The statistical model identifies:

- A minimum amount each MCO will get for every Member;
- Certain functional characteristics strongly related to costs above the minimum;
- The level of additional cost associated with each functional characteristic – 'add-ons'; and
- All current data from the Long Term Care Functional Screen is considered when identifying 'add-ons'.



After several months of significant data analysis, the State Department of Health Services (DHS) provides each MCO with one blended Per Member Per Month (PMPM) rate. Capitation rate ranges of all the MCO's throughout Wisconsin during the past five years have been as follows:

CY 2013: \$2,777 - \$3,476  
CY 2012: \$2,748 - \$3,469  
CY 2011: \$2,668 - \$3,766  
CY 2010: \$2,627 - \$3,542  
CY 2009: \$2,400 - \$3,489

### ***Final 2014 Capitation Rate for MCDFC***

The preliminary capitation rate for the Milwaukee County Department of Family Care for Milwaukee County in 2014 was established at \$2,666. This represented a 3.8% decrease from the 2013 capitation rate of \$2,771.<sup>1</sup>

The preliminary capitation rate for the Milwaukee County Department of Family Care for Racine/Kenosha County in 2014 was set at \$3,158. This represented a 2.9% increase from the 2013 capitation rate of \$3,070.<sup>1</sup>

The preliminary capitation rate for the Milwaukee County Department of Family Care for Region 6 (Ozaukee, Sheboygan, and Walworth) in 2014 was set at \$3,117. This represented a 0.4% decrease from the 2013 capitation rate of \$3,130.<sup>1</sup> The preliminary capitation rate for the Milwaukee County Department of Family Care for Region 6 (Waukesha and Washington) in 2014 was set at \$3,423. This represented a 0.9% decrease from the 2013 capitation rate of \$3,453.<sup>1</sup>

In regard to the 2014 capitation rate for Milwaukee, the Department of Family Care submitted additional information to DHS regarding for additional refinement to the capitation rate. The Director and the Chief Financial Officer conferred with DHS and advocated on behalf of this program and the members it serves to ensure that reimbursement rates are appropriate and sufficient to maintain the quality of services that are instrumental in serving our most vulnerable citizens.

Due to our efforts in this regard, the MCDFC's 2014 capitation rate was increased \$10.68 PMPM for a final capitation rate of \$2,677.

While this 2014 final capitation rate represents an increase of approximately \$1.03 million dollars in additional revenue to the MCDFC over the preliminary capitation rate, the 2014 final rate still represents a 3.4 % decrease to the MCO's 2013 capitation rate or a reduction in 2014 revenue estimated at \$9.1 million.

The MCO continues to work at mitigating this loss in revenue while still maintaining high quality services.

If you have any questions, please call me at 287-7610.



Maria Ledger, Director  
Milwaukee County Department of Family Care

cc: Chris Abele, Milwaukee County Executive  
Raisa Koltun, Director of Legislative Affairs, Office of the County Executive  
Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors  
Scott Manske, Comptroller, Milwaukee County  
Jodi Mapp, Committee Clerk, Milwaukee County Board of Supervisors  
Jim Hodson, CFO, Department of Family Care

<sup>1</sup>The 2013 capitation rate consists of the base rate plus an adjustment add-on for medication adherence equipment and solvency.

**COUNTY OF MILWAUKEE  
INTEROFFICE COMMUNICATION**

**DATE:** January 13, 2014

**TO:** Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by James Mathy, Administrator, Housing Division*

**SUBJECT:** **A report from the Director, Department of Health and Human Services, requesting authorization to amend 2014 purchase of service contracts with Cathedral Center and Salvation Army to provide emergency shelter care**

**Issue**

The Director of the Department of Health and Human Services (DHHS) is requesting authorization to amend 2014 purchase of service (POS) contracts with the Cathedral Center and Salvation Army for emergency shelter care.

**Discussion**

The U.S. Department of Housing and Urban Development (HUD) has been shifting its resources towards permanent housing and this change in priorities has led shelters to seek funding from other sources to fill this gap. As a result, the 2014 Adopted Budget includes an additional \$300,000 to assist various homeless shelters.

In order to distribute the funding in the most equitable manner, the recommended allocations are based on the number of shelter beds that each agency operates. This decision was made in collaboration with the City of Milwaukee and the Shelter Task Force.

The allocation of the \$300,000 in emergency shelter funding by agency is reflected on the chart below. A majority of the emergency shelter care contracts have total values of less than \$100,000. As a result, DHHS is seeking approval of only two contracts – one with the Cathedral Center for \$217,997 and the other with the Salvation Army for \$154,080. In December 2013, the County Board approved a \$175,000 base contract for the Cathedral Center. This contract is now being increased by \$42,997 to \$217,997. The base contract for the Salvation Army was \$54,406 and is now being increased by \$99,674 to \$154,080.

Agency	# of Shelter Beds	% of Total Beds	2014 Base Contract	2014 Amendment	2014 Total Funded Amount
Cathedral Center	44	14%	\$175,000	\$42,997	\$217,997
Salvation Army	102	33%	\$54,406	\$99,674	\$154,080
*Community Advocates	36	12%	\$70,976	\$35,179	\$106,155
Sojourner Family Peace Center	46	15%	\$52,017	\$44,951	\$96,968
Guest House	38	12%	\$46,000	\$37,134	\$83,134
Hope House	13	4%	\$20,000	\$12,704	\$32,704
La Causa	12	4%	N/A	\$15,634	\$15,634
Pathfinders	8	3%	N/A	\$11,727	\$11,727
*Walker's Point YAFC	8	3%	N/A	N/A	N/A
<b>Total</b>	<b>307</b>	<b>100%</b>	<b>\$418,399</b>	<b>\$300,000</b>	<b>\$718,399</b>

\*Community Advocates operates two separate contracts that together total \$106,155.

\*Walker's Point Youth and Family Center declined funding of \$7,818. A decision was made to split these funds between La Cause and Pathfinders since they are agencies also providing youth shelter beds.

### **Recommendation**

It is recommended that the County Board of Supervisors authorize the Director, Department of Health and Human Services, or his designee, to enter into 2014 amended purchase of service contracts with the Cathedral Center and Salvation Army as described above and enumerated in the accompanying resolution.

### **Fiscal Effect**

The 2014 Budget includes funding to support these 2014 POS contract amendments for the Housing Division. A fiscal note form is attached.

Respectfully Submitted,



Héctor Colón, Director  
Department of Health and Human Services

cc: County Executive Chris Abele  
Raisa Koltun, County Executive's Office  
Kelly Bablitch, County Board  
Don Tyler, Director, DAS  
Josh Fudge, Fiscal & Budget Administrator, DAS  
Matt Fortman, Fiscal & Management Analyst, DAS  
Steve Cady, Director of Research Services – Comptroller's Office  
Janelle Jensen, Committee Clerk, County Clerk's Office  
Jodi Mapp, Committee Clerk, County Clerk's Office  
Alexis Gassenhuber, Committee Clerk, County Clerk's Office

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to amend 2014 purchase of service contracts with Cathedral Center and Salvation Army to provide Emergency Shelter Care services within the Housing Division, by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, the 2014 Adopted Budget includes an additional \$300,000 to assist various homeless shelters; and

WHEREAS, in collaboration with the City of Milwaukee and the Shelter Task Force, the recommended allocations for this additional funding are based on the number of shelter beds that each agency operates with all agencies involved receiving increases to their contracts; and

WHEREAS, the majority of these contracts reflect total values of less than \$100,000 and therefore, DHHS is seeking approval of amendments for only two contracts which exceed \$100,000; and

WHEREAS, the contract with the Cathedral Center increases by \$42,997 (from \$175,000 to \$217,997) and the contract with the Salvation Army increases by \$99,674 (from \$54,406 to \$154,080); and

WHEREAS, the contract recommendations are within the limits of the 2014 Budget; now, therefore,

BE IT RESOLVED, that the Milwaukee County Board of Supervisors does hereby authorize and direct the Director, Department of Health and Human Services, or his designee, to amend 2014 Housing Division purchase of service contracts, retroactive to January 1, 2014 through December 31, 2014, with the agencies and in the increased contract amounts listed below:

<b><u>PROVIDER</u></b>	<b><u>SERVICE/ PROGRAM</u></b>	<b><u>AMOUNT</u></b>
The Cathedral Center	Emergency Shelter	
\$42,997		
Salvation Army	Emergency Shelter	\$99,674
<b>TOTAL Amendments for 2014</b>		<b>\$142,671</b>

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 1/13/14

Original Fiscal Note ☒

Substitute Fiscal Note ☐

**SUBJECT:** Report from the Director, Department of Health and Human Services (DHHS), requesting authorization to amend 2014 purchase of service contracts with Cathedral Center and Salvation Army to provide emergency shelter care within the Housing Division.

### FISCAL EFFECT:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> No Direct County Fiscal Impact                                     | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required  | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues     |
| <input type="checkbox"/> Absorbed Within Agency's Budget   | <input type="checkbox"/> Decrease Capital Revenues     |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget   |  |
| <input type="checkbox"/> Decrease Operating Expenditures   | <input type="checkbox"/> Use of contingent funds       |
| <input type="checkbox"/> Increase Operating Revenues   |  |
| <input type="checkbox"/> Decrease Operating Revenues   |  |

*Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.*

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

## DESCRIPTION OF FISCAL EFFECT

**In the space below, you must provide the following information. Attach additional pages if necessary.**

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.<sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to amend 2014 purchase of service contracts with the Cathedral Center and Salvation Army to provide Emergency Shelter Care within the Housing Division.

The 2014 Adopted Budget includes an additional \$300,000 to assist various homeless shelters. In collaboration with the City of Milwaukee and the Shelter Task Force, the recommended allocations for this additional funding were based on the number of shelter beds that each agency operates with all agencies involved receiving increases in their contracts. However, the majority of these contracts reflect total values of less than \$100,000. Therefore, DHHS is seeking approval for amendments to only two contracts which total above \$100,000.

The contract with the Cathedral Center increases \$42,997 (from \$175,000 to \$217,997) and the contract with the Salvation Army increases \$99,674 (from \$54,406 to \$154,080).

B. Total 2014 expenditures included in this request are \$142,671.

C. There is no tax levy impact associated with approval of this request in 2014 as funds sufficient to cover associated expenditures are included as part of the Housing Division's 2014 Budget.

D. No assumptions are made.

---

<sup>1</sup> If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.



Department/Prepared By Thomas F. Lewandowski, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

Did CDPB Staff Review? ☐ Yes ☐ No ☒ Not Required

**COUNTY OF MILWAUKEE**  
Inter-Office Communication

**DATE:** January 13, 2014

**TO:** Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by: Tom Wanta, Administrator - Delinquency & Court Services Division*

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting authorization to enter into a State/County contract for Community Youth and Family Aids for 2014 and to accept \$35,531,014 for State Corrections Charges and Community Based Services

**ISSUE**

Section 301.031 of the Wisconsin Statutes requires counties to execute an annual contract with the State Department of Corrections (DOC) for the "Community Youth and Family Aids Program." This program provides State funding for County services to juvenile offenders as mandated by State and/or Federal law.

Departments must obtain authorization from the County Board in order to execute contracts in excess of \$300,000. The Director, Department of Health and Human Services (DHHS), is therefore requesting authorization to sign the 2014 contract with the State DOC for the provision of juvenile justice services mandated by State law. The County cannot receive 2014 revenue from the State until this contract is signed.

**BACKGROUND**

The Community Youth and Family Aids Program, commonly referred to as "Youth Aids," is the State's primary means of providing counties with direct assistance to fund the cost of services to juvenile delinquents. This revenue is used exclusively to fund costs in the DHHS Delinquency and Court Services Division (DCSD). Counties supplement their juvenile justice funding needs with Basic Community Aids, property tax levy and various grant revenues to fund the overall costs of the juvenile justice system.

On December 2, 2013, DHHS received the actual 2014 contract from DOC for Youth Aids. The State's 2014 contract will provide Milwaukee County with \$35,531,014 of Youth Aids funding (excluding the DHHS estimate of Corrective Sanctions funding - see Attachment 1, pg. 1 of 1).

### *Youth Aids Revenue*

The State contract allocation consists of three components: 1) the annual State budget amount allocated by several formulae; 2) any surplus amount from “over-charging” counties during the prior State fiscal year for the cost of state Juvenile Institutions compared to DOC’s actual costs; and 3) an allocation for the Corrective Sanctions program.

The attached exhibit lists the Youth Aids funding from 2011 through 2014. The base funding amount is based on separate allocations contained in s. 301.26, Wis. Stats. The original base allocation, which is based on the initial formula for allocations to counties when Youth Aids was created in 1979, now includes:

- a. Prior Year Refund Revenue - Statutes require that DOC provide a refund to counties if the amount paid by counties under the statutory daily rates is greater than DOC’s actual costs in the preceding State fiscal year. The refund would be based on each county’s proportionate share of the days of care provided by DOC.
  - b. The 1999 Act 9 supplemental funding is allocated based on three factors: a) a county’s proportion of the statewide juvenile population for the most recent year available; b) a county’s proportion of statewide Part 1 juvenile arrests under the uniform crime reporting system of the Office of Justice Assistance for the most recent three year period available; and c) a county’s proportion of statewide juveniles placed in a juvenile correctional institution, a secure child caring institution or secure group home for the most recent three-year period available;
  - c. The 2001 Act 16 supplemental funding is allocated based on the same three factors above, but with an “override” provision that no county receives less than 93% nor more than 115% of the amount it would have received if the juvenile placement factor (item “c” above) were the sole factor used to determine county allocations;
  - d. The 2007 Act 20 supplemental funding is allocated based on each county’s proportion of the number of juveniles statewide who are placed in a juvenile correctional facility during the most recent three-year period for which that information is available;
- Alcohol & Other Drug Abuse (AODA) funding is allocated based on each county’s Youth Aids spending on community services (defined as the amount of Youth Aids left after state charges); and
  - The actual 2014 State funding for Corrective Sanctions will not be determined until January 2014 based on actual usage of the program by each county during 2013.

Corrective Sanctions funding is allocated following the close of the calendar year, based on each county's usage of the 136 total slots authorized by statute.

The DOC 2014 allocation for Milwaukee County of \$35,531,014 (excluding Corrective Sanctions) and represents a revenue increase for DHHS of \$554,606, compared to the 2013 contract (including the adjustment from the State based on the 2011-2013 State Budget) of \$34,976,408. The 2014 DHHS Budget included an estimate of \$34,976,408 in Youth Aids revenue (excluding Corrective Sanctions), which results in a budgeted revenue surplus of \$554,606 for DHHS in 2014.

During 2014, DHHS will continue to monitor the Average Daily Population (ADP) and project based on historical data to determine if the initial projected surplus will actually materialize. If a surplus is anticipated, DHHS will return to the County Board to report the revenue surplus as required.

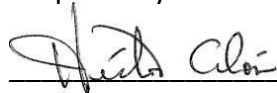
### **Recommendation**

It is recommended that the County Board of Supervisors authorize the Director of DHHS, or his designee, to execute the 2014 State/County contract for Community Youth and Family Aids, and any addenda to the contract.

### **Fiscal Impact**

The 2014 State contract provides an additional \$554,606 in revenue compared to the 2014 Budget (excluding Corrective Sanctions). A fiscal note form is attached.

Respectfully Submitted,



Héctor Colón, Director  
Department of Health and Human Services

cc: County Executive Chris Abele  
Raisa Koltun, Legislative Affairs Director – County Executive's Office  
Peggy Romo-West, Chair – Health & Human Needs Committee  
Kelly Bablitch, County Board Chief of Staff  
Don Tyler, DAS Director  
Josh Fudge, Fiscal and Budget Administrator – DAS  
Matt Fortman, Fiscal and Management Analyst – DAS  
Steve Cady, Director of Research Services – Comptroller's Office  
Janelle Jensen, Committee Clerk – County Clerk's Office  
Jodi Mapp, Committee Clerk – County Clerk's Office

## Attachment 1, Page 1 of 1

## Community Youth and Family Aids 2014 State Funding Notice vs 2014 Adopted Budget

State Contract Revenue Source	2011 State Contract	2012 State Contract	2013 State Contract	2014 Adopted Budget	2014 State Notice	Difference State Notice vs 2014 Budget	Comments
Base Funding	\$37,692,906	\$32,940,876	\$34,610,227	\$34,610,227	\$35,149,227	\$539,000	Constant Original Base funding (1979 formula)
Youth Aids AODA	\$310,593	\$319,200	\$366,181	\$366,181	\$381,787	\$15,606	County Community spending % of Statewide - last 3 years
<b>Sub-Total Youth Aids Revenue excl CS</b>	<b>\$38,003,499</b>	<b>\$33,260,076</b>	<b>\$34,976,408</b>	<b>\$34,976,408</b>	<b>\$35,531,014</b>	<b>\$554,606</b>	
2011-2013 State Budget Adjustment	(\$1,817,989)	\$0	\$0	\$0	\$0	\$0	
<b>Sub-Total Youth Aids Including 2011-2013 State Budget</b>	<b>\$36,185,510</b>	<b>\$33,260,076</b>	<b>\$34,976,408</b>	<b>\$34,976,408</b>	<b>\$35,531,014</b>	<b>\$554,606</b>	Final State Allocation; Corr Sanctions added year-end
YA Corrective Sanctions (CS)-Budget	\$1,142,701	\$1,230,037	\$1,130,700	\$935,199	\$935,199	\$0	
<b>Total Youth Aids Revenue incl CS</b>	<b>\$37,328,211</b>	<b>\$34,490,113</b>	<b>\$36,107,108</b>	<b>\$35,911,607</b>	<b>\$36,466,213</b>	<b>\$554,606</b>	<b>Youth Aids for State Charges &amp; Community Programs</b>

(ITEM) From the Director, Department of Health and Human Services, requesting authorization to enter into a State/County contract for Community Youth and Family Aids for 2014 by recommending adoption of the following:

**A RESOLUTION**

WHEREAS, Section 301.031 of the Wisconsin Statutes requires counties to execute an annual contract with the State Department of Corrections (DOC) for the "Community Youth and Family Aids Program," and departments must obtain authorization from the County Board in order to execute contracts in excess of \$300,000; and

WHEREAS, the Director, Department of Health and Human Services (DHHS), is requesting authorization to sign the 2014 contract with the State DOC for the provision of juvenile justice services mandated by State law, and the County cannot receive 2014 revenue from the State until this contract is signed; and

WHEREAS, the State's 2014 contract will provide Milwaukee County with \$35,531,014 of Youth Aids funding (excluding Corrective Sanctions) which is \$554,606 more revenue than budgeted in 2014 for State Charges and County community-based programs; now, therefore,

BE IT RESOLVED, that the Director, Department of Health and Human Services, or his designee, is hereby authorized to enter into a contract with the State Department of Corrections covering Community Youth and Family Aids for the period of January 1 through December 31, 2014, and any addendum thereto.

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 1/13/14

Original Fiscal Note ☒

Substitute Fiscal Note ☐

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting authorization to enter into a State/County contract for Community Youth and Family Aids for 2014 and to accept \$35,531,014 for State Corrections Charges and Community Based Services

### FISCAL EFFECT:

- |  |  |
|--|--|
| <input type="checkbox"/> No Direct County Fiscal Impact  | <input type="checkbox"/> Increase Capital Expenditures |
| <input type="checkbox"/> Existing Staff Time Required  | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues     |
| <input type="checkbox"/> Absorbed Within Agency's Budget   | <input type="checkbox"/> Decrease Capital Revenues     |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget   |  |
| <input type="checkbox"/> Decrease Operating Expenditures   | <input type="checkbox"/> Use of contingent funds       |
| <input checked="" type="checkbox"/> Increase Operating Revenues  |  |
| <input type="checkbox"/> Decrease Operating Revenues   |  |

*Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.*

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure		0
	Revenue		554,606
	Net Cost		(554,606)
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

## DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.<sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. Section 301.031 of the Wisconsin Statutes requires counties to execute an annual contract with the State Department of Corrections (DOC) for the "Community Youth and Family Aids Program." This program provides State funding for County services to juvenile offenders as mandated by State and/or Federal law. The Director, Department of Health and Human Services (DHHS), is requesting authorization to sign the 2014 contract with the State DOC for the provision of juvenile justice services mandated by State law.

B. The 2014 contract provides \$35,531,014, which is \$554,606 higher than budgeted in 2014 for State Charges and County community-based programs. DHHS will continue to monitor the Average Daily Population (ADP) and calculate projections based on historical data to determine if the initial projected surplus will materialize in 2014. If in fact the surplus does materialize, DHHS will return to the County Board to report the revenue surplus as required.

C. There is no budgetary impact in 2013. The surplus is anticipated for 2014.

D. No further assumptions are made. The revenue amount is reflected in the State contract.

Department/Prepared By Thomas F. Lewandowski, Fiscal and Management Analyst – DHHS

Authorized Signature



Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

Did CDPB Staff Review? ☐ Yes ☐ No ☒ Not Required

<sup>1</sup> If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.



**COUNTY OF MILWAUKEE**  
**Behavioral Health Division Administration**  
**INTER-OFFICE COMMUNICATION**

**DATE:** January 13, 2014

**TO:** Marina Dimitrijevic, Chairwoman, Milwaukee County Board of Supervisors

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by Jim Kubicek, Interim Administrator, Behavioral Health Division*

**SUBJECT:** **Report from the Director, Department of Health and Human Services, requesting authorization to enter 2014 professional services contracts for the Behavioral Health Division**

**Issue**

The Director, Department of Health and Human Services (DHHS), is seeking approval from the County Board's Committee on Finance, Personnel and Audit of two professional services contracts – one with Critical Management Solutions (CMS) for consultation assistance and a second contract with Robert G. Clark, M.D., for psychiatrist services.

**Background**

BHD uses several professional services contracts to support various essential staff activities. Each of these contracts support functions that are critical to patient care and are necessary to maintaining hospital, nursing home and crisis services licensure. A discussion of the two professional services contracts requested for approval in this cycle is provided below:

*Critical Management Solutions (CMS)*

In order to continue with the Joint Commission accreditation process, DHHS recommends an extension of the current contract with CMS to provide consultation assistance to BHD. To date, CMS has conducted various assessments and developed a comprehensive Regulatory Compliance Action Plan that outlines the policies, procedures and practices that must be revised to be fully compliant with Joint Commission and the Centers for Medicare and Medicaid requirements along with an individualized strategy to do so.

CMS has assisted with implementing the action plan by developing and revising policies and procedures, developing staff educational material to support the execution of these policies and procedures, assisting BHD staff with the redesign or refinement of processes as expected by policy and procedure, coaching staff in their performance and documenting clinical activities

to improve compliance with Joint Commission requirements. In addition, CMS has been providing specialized technical assistance related to pharmacy and emergency response.

As a result, BHD is requesting a one-year contract extension to December 31, 2014 for CMS in a not-to-exceed amount of \$50,000.

#### *Psychiatrist Services*

In order to provide for the ongoing care and treatment needs of clients residing in BHD's Rehabilitation Center Central and Hilltop Units, DHHS recommends contracting for necessary psychiatrist services until completion of the scheduled unit closures in 2014 and 2015. The psychiatrist supporting these units resigned mid-November and another hourly psychiatrist currently providing coverage is leaving at the end of January. Due to the pending facility closures and the difficulty BHD continues to experience in filling inpatient positions related to the continued national psychiatrist shortage, which is creating strong competition in the Milwaukee area, the department is recommending that psychiatrist services be provided under a contract. This contract would provide necessary services immediately and until all patients are discharged rather than attempt to recruit and employ a psychiatrist to fill this vacancy.

The contractor's activities shall include, but not be limited to, providing psychiatric evaluation, diagnosis, treatment and/or consultation services, medication management, seclusion/restraint orders, serving as an expert witness in court, participating in treatment team activities and quality review activities, and all other duties of an attending and/or consulting psychiatrist, as the assignment requires. The contracted psychiatrist services shall further be utilized to provide for back-up coverage on the Acute Adult Inpatient Service, as needed.

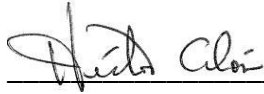
The contract reflects a term of March 1, 2014 to December 31, 2014 and a total cost of up to \$265,000. This cost is consistent with the current hourly rates for BHD's hourly, critical-fill psychiatrists whose rates average \$150 per hour. In addition, this cost is significantly lower than hourly rates of temporary physician staffing agencies (known as locum tenens firms) which charge over \$200 per hour.

#### **Recommendation**

It is recommended that the County Board of Supervisors authorize the Director, DHHS, or his designee, to extend the current contract with CMS for consultation services and execute a contract with Robert Clark, M.D., for psychiatrist services. The CMS contract reflects an extension through December 31, 2014 and a total cost of \$50,000. The contract with Dr. Clark reflects a total cost of \$265,000 and a term of March 1, 2014 to January 31, 2014. If psychiatrist services are still needed in 2015, BHD will return to the County Board to seek approval to extend this contract.

#### **Fiscal Effect**

A fiscal note form is attached.



---

Héctor Colón, Director  
Department of Health and Human Services

cc: County Executive Chris Abele  
Raisa Koltun, County Executive's Office  
Kelly Bablitch, County Board  
Don Tyler, Director, DAS  
Sup. Peggy Romo West, Health & Human Needs Committee Chair  
Josh Fudge, Fiscal & Budget Administrator, DAS  
Matt Fortman, Fiscal & Management Analyst, DAS  
Steve Cady, Director of Research Services – Comptroller's Office  
Janelle Jensen, Committee Clerk, County Clerk  
Jodi Mapp, Committee Clerk, County Clerk

(ITEM \*) Report from the Director, Department of Health and Human Services, requesting authorization to enter 2014 professional services contracts for the Behavioral Health Division (BHD), by recommending adoption of the following:

### A RESOLUTION

WHEREAS, the Director, Department of Health and Human Services (DHHS), is requesting authorization to execute two professional services contracts for 2014; and

WHEREAS, approval of the recommended contract allocations will allow for the ongoing support of functions that are critical to patient care and are necessary to maintaining hospital, nursing home, and crisis services licensure; and

WHEREAS, in order to continue with the Joint Commission accreditation process, DHHS is seeking an extension of the current contract with Critical Management Solutions (CMS) to provide consultation assistance to BHD; and

WHEREAS, BHD continues to experience difficulty in filling inpatient positions as a result of the continued national psychiatrist shortage, which is creating strong competition in the Milwaukee area; and

WHEREAS, in order to provide for the ongoing care and treatment needs of clients residing in BHD's Rehabilitation Center Central and Hilltop Units, DHHS is recommending to contract for necessary psychiatrist services until the completion of the scheduled unit closures in 2014 and 2015; and

WHEREAS, the amounts recommended in these contracts have been included in BHD's 2014 Budget; now, therefore,

BE IT RESOLVED, that the Director of the Department of Health and Human Services, or his designee, is authorized to execute 2014 professional services contracts with the following providers for the time period and amounts detailed below:

<b><u>Agency and Service</u></b>	<b><u>Term</u></b>	<b><u>Contract Amount</u></b>
Critical Management Solutions annually (Joint Commission/Pharmacy Consulting Services)	1 year extension (thru 12/31/14)	\$50,000
Robert Clark, M.D. (Psychiatrist Services)	10 months (3/01/14-12/31/14)	\$265,000 annually
<b><u>TOTAL – 2014 Professional Services</u></b>		<b><u>\$ 315,000</u></b>

## MILWAUKEE COUNTY FISCAL NOTE FORM

**DATE:** 1/13/14

Original Fiscal Note ☒

Substitute Fiscal Note ☐

**SUBJECT:** Report from the Director, Department of Health and Human Services, requesting authorization to enter 2014 professional services contracts for the Behavioral Health Division

### FISCAL EFFECT:

- ☒ No Direct County Fiscal Impact
- ☐ Existing Staff Time Required
- ☐ Increase Operating Expenditures  
(If checked, check one of two boxes below)
- ☐ Absorbed Within Agency's Budget
- ☐ Not Absorbed Within Agency's Budget
- ☐ Decrease Operating Expenditures
- ☐ Increase Operating Revenues
- ☐ Decrease Operating Revenues
- ☐ Increase Capital Expenditures
- ☐ Decrease Capital Expenditures
- ☐ Increase Capital Revenues
- ☐ Decrease Capital Revenues
- ☐ Use of contingent funds

*Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.*

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	0
	Revenue	0	0
	Net Cost	0	0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

## DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.<sup>1</sup> If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. The Director of the Department of Health and Human Services (DHHS) is requesting authorization to execute professional services contracts with two vendors for the Behavioral Health Division (BHD) in 2014. One is a contract extension with Critical Management Solutions (CMS) for consultation assistance related to BHD's joint certification initiative. The second contract is for psychiatrist services for BHD's Central and Hilltop units.

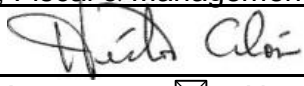
Approval of this request will allow BHD to continue to support functions that are critical to patient care.

B. Expenditures included in this request total \$315,000.

C. There is no tax levy impact associated with approval of this request as funds sufficient to cover anticipated expenditures are included as part of BHD's 2014 Budget. The CMS contract extension for \$50,000 is included in account 6148 - professional services. The contract for psychiatrist services is being funded by holding vacant a .92 FTE Staff Psychiatrist position assigned to Central and Hilltop as well as a .25 FTE Staff Psychiatrist floater position assigned to Acute Inpatient. These vacancies provide \$262,000 in salary and active fringe savings to fund the outside contract.

E. There are no assumptions included in this fiscal note.

Department/Prepared By Clare O'Brien, Fiscal & Management Analyst

Authorized Signature 

Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

Did CBDP Staff Review? ☒ Yes ☐ No ☐ Not Required

<sup>1</sup> If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

**COUNTY OF MILWAUKEE**  
**Behavioral Health Division Administration**  
**INTER-OFFICE COMMUNICATION**

**DATE:** January 13, 2014

**TO:** Sup. Peggy Romo West, Chairwoman, Committee on Health and Human Needs

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by Jim Kubicek, Interim Administrator, Behavioral Health Division*

**SUBJECT:** **From the Director, Department of Health and Human Services, submitting an informational report on BHD's response to the State's survey of the Hilltop Program**

**Issue**

At the October meeting of the Health and Human Needs Committee, BHD was asked to provide an informational report on the State's survey of the Behavioral Health Division's Hilltop program (Center for Independence and Development) and the required corrective action items.

**Background**

The State Department of Health Services - Division of Quality Assurance (DQA) surveyed the Hilltop program from October 8 through October 14, 2013 as a result of a BHD caregiver misconduct that the facility proactively self-reported. DQA surveyed the facility to determine whether the facility met regulatory requirements to participate in the Medicaid program and to ensure compliance with all the requirements for long-term care facilities established by the Centers for Medicare and Medicaid.

The facility subsequently received violations that allege concerns regarding client protections. Specifically, BHD must ensure that fundamental protections are in place to safeguard residents against mistreatment, neglect or abuse. Further, mistreatment investigations must be thoroughly completed and related interventions are implemented timely to immediately safeguard all residents and to prevent reoccurrence. Finally, caregivers are to be informed of their responsibility in immediately reporting all incidences of resident mistreatment.

As a result, BHD responded swiftly to the issues identified by DQA and submitted an immediate removal plan which was accepted and verified as completed on October 14, 2014. The following improvement actions were identified and completed to address the concerns.

*BHD's Response to DQA:*

1. The facility removed caregivers from the resident care environments to provide for resident safety during the alleged misconduct investigations.
2. The facility determined caregiver misconduct findings were substantiated and the accused caregivers were not returned to the facility.
3. The facility self-reported the two incidents with findings of caregiver misconduct to the Wisconsin State Office of Caregiver Quality.
4. The facility initiated additional training sessions with all Hilltop employees via an online video presentation and discussion from the State Division of Quality Assurance entitled, *"Wisconsin's Caregiver Program: A Blueprint for Excellence;"* with a focus on caregiver misconduct definitions/examples and reporting requirements designed to impact direct caregivers. All employees were required to complete this training prior to their next scheduled working shift as well as attest to their required knowledge and role to immediately report incidents of suspected caregiver misconduct to their supervisor.
5. The Educational Services Department provided the DQA surveyor team the current existing employee orientation and annual training information regarding caregiver mistreatment education provided by the facility.
6. The facility developed and initiated additional "RN Supervisory Training" for the Hilltop Registered Nurses and LPNs. This training curriculum reviewed the RN responsibilities including, but not limited to: the delegation and supervision of caregivers as it relates to patient safety, scope of practice and ethics, resident protection and prevention and role in the reporting of mistreatment, including legal, facility and licensure compliance. All employees were required to complete this training prior to their next scheduled working shift as well as attest to their required knowledge.
7. The facility created a standardized investigation summary tool that identifies all interventions required in a mistreatment investigation. This will ensure that fundamental protections are in place to prevent resident mistreatment, neglect or abuse. The *"Post-Incident Investigation Protocol and Prevention Checklist for Hilltop"* will be utilized for all mistreatment allegations. It will include a 24-hour review with the investigating manager and an administrator to ensure all individual as well as system-wide interventions are addressed.



8. Nursing Leadership and Administration interviewed facility management staff who previously did not recognize a mistreatment allegation, which subsequently delayed the appropriate safeguarding processes. As a result, appropriate action was initiated.
9. All Administrative Resource staff received training materials related to triaging and responding appropriately to misconduct allegations in relationship to other responsibilities. Each manager submitted attestations acknowledging receipt and compliance expectations.
10. The BHD Interim Administrator participated in the educational sessions with the Hilltop PM and NOC shift employees on unit 43-F to further reinforce the above expectations including no tolerance for actions that may jeopardize the health and safety of our Hilltop residents, including no tolerance for retaliation against those employees who report as required.
11. Nursing Leadership identified and implemented an enhanced off shift management supervision schedule. On October 10, 2013, an Administrative Resource Manager will be redeployed to enhance supervisory oversight on the Long Term Care units to further observe and ensure appropriate resident care and treatment.
12. Nursing management/leadership flexed their current working schedules to be available for supervisory oversight of the Hilltop residents during times of high patient activity.
13. Hilltop management completed supervisory rounds a minimum of two times per shift. Managers asked caregivers on each unit if there were any reported mistreatment concerns to further reinforce the expectation of the identification and timely reporting of incidents and the need to immediately provide all necessary safeguards. Nursing Administration reviewed staff feedback on the audit tool to identify any supportive opportunities for improvement to mitigate resident risk during the program's closure process.
14. AR staff completed supervisory rounds a minimum of one time per shift. Supervisory rounds are conducted twice a shift when enhanced off-shift management supervision is available. Managers asked caregivers on each unit if there were any reported mistreatment concerns to further reinforce the expectation of the identification and timely reporting of incidents and the need to immediately provide all necessary safeguards.

Subsequently, a State and Federal statement of deficiency report(s) was also received on October 28, 2013 with alleged deficiencies that needed correction in addition to the immediate

actions already completed above. BHD provided a plan of correction which was accepted by DQA on November 11, 2013. BHD's written plan of correction, including a sample of the improvement items verified as corrected in the November 25 survey, is listed below for your reference (Part B.)

*BHD's Response to DQA Regarding Written Plan of Correction – Part B*

1. On November 1, 2013, all Behavioral Health Division Administrators on Call (AOCs), Nursing Program Coordinators (NPCs), Registered Nurses III (RNIIIs), Administrative Resources (ARs), managers, as well as the Hilltop Executive Leadership Team initiated a required training series. The above personnel will view a Wisconsin Division of Quality Assurance (DQA) video entitled, *"Conducting Internal Investigations of Caregiver Misconduct Training."* After viewing the video, participants are then directed to a training website where they are provided with information on the appropriate protocol for initiating an internal investigation on caregiver misconduct and a post-incident investigation checklist. The training was completed and verified.
2. Participants were asked to attest as to their understanding of their investigative roles regarding the identification of mistreatment, immediate reporting obligations and the implementation of the facility's Caregiver Misconduct Policy including the completion of a thorough investigation. The requirements for these areas, included, but were not limited, to the following: reporting allegations of caregiver misconduct right away, removing alleged caregivers during an investigation, safeguarding all residents, initiating thorough reviews, providing prompt guardian notification, proper implementation of policy, use of the post-incident checklist to ensure all elements are addressed, thoroughness of reviews, proper reporting notifications, implementation of corrective actions based on findings and the importance of the prevention of mistreatment.
3. BHD Administration is also exploring additional emergent external investigation resource services to assist in the fact-finding process that accompanies a thorough mistreatment allegation investigation. An external investigation service provider has been contacted and a current proposal is under development and review. This additional investigative resource will enhance the current BHD investigative team and completion of timely investigations and thorough reviews that will further assist the facility in the identification of proper improvement actions and corrections with a goal of abuse prevention. Communication with the external agency was initiated last October. A proposal(s) has been requested and received and is currently being reviewed to ensure options in accordance with all county and facility policies. This proposal and agreement detail are not yet completed.

4. On November 7, 2013, BHD leadership, including Human Resources and BHD's Educational Services, developed an on-going plan for a Hilltop Employee Caregiver Workshop that will incorporate additional training on effective and respectful resident communication. The focus of this employee workshop will include Cultural Competency and Cross Cultural Communication as well as: resident dignity and respect, diversity, rights and responsibilities, and interpersonal communication while creating positive relations/communication among all in the healthcare setting. A proposal has been received and further discussion and implementation options are currently being explored.
5. The BHD Interim Administrator scheduled additional consultation with the facility's direct caregivers (Certified Nursing Assistants) beginning November 1, 2013 to engage the staff in the development of additional improvement actions to promote the protection of the rights of all residents including an environment in which residents are not subjected to physical, verbal, sexual or psychological abuse or punishment. Leadership will further encourage reporting and convey action and accountability for appropriate conduct. Quarterly meetings will be scheduled.
6. On November 6, 2013, DQA training posters with information on misconduct detection with an emphasis on prevention were posted in the resident living environment. These posters reinforce the expectation that all residents be treated with dignity and respect and are safe from mistreatment. Facility staff was further reminded of the current Milwaukee County Employee Handbook that includes delineation of employment expectations including, but not limited to: open communication, zero tolerance for workplace retaliation or inappropriate workplace behavior, reporting with integrity, the County's commitment to safety, and appropriate employee performance and ethical conduct. Additional Employee Handbooks were provided to all BHD staff again the week of October 21, 2013.
7. On November 11, 2013, a letter was sent to all Hilltop guardians. The letter requests that if any concerns are identified about how their ward and/or loved one is or has been treated, they should contact Hilltop immediately. Business and non-business hour contacts were provided. Guardians were informed that upon contact, an investigation would be initiated immediately and appropriate actions taken as per policy.
8. Residents who have some capacity to understand the concept of "mistreatment by staff" and the ability to talk about this have also asked about potential mistreatment. Any allegations of Caregiver Misconduct will be investigated per policy.

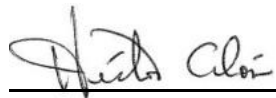
9. All Agency Registered Nurses continue to receive one (8) hour session of education before being able to work on a unit at BHD. This includes education related to the Caregiver Misconduct Policy. Education about caregiver misconduct will emphasize: 1) Recognition/identification of misconduct 2) Protection of residents 3) Immediate reporting and 4) All required documentation. An attestation by the RN will continue to be completed at the conclusion of this education.

**Summary Status:**

After conducting an unannounced survey on November 25, DQA also verified that BHD (Hilltop) had corrected the remaining deficiencies and recommended BHD's certification be continued. BHD received the final report identifying the above status from DQA on December 3, 2013.

**Recommendation**

This is an informational report. No action is necessary.



Héctor Colón, Director  
Department of Health and Human Services

cc: County Executive Chris Abele  
Raisa Koltun, County Executive's Office  
Kelly Bablitch, County Board  
Don Tyler, Director, DAS  
Josh Fudge, Fiscal & Budget Administrator, DAS  
Matt Fortman, Fiscal & Management Analyst, DAS  
Steve Cady, Director of Research Services – Comptroller's Office  
Janelle Jensen, Committee Clerk – County Clerk's Office  
Jodi Mapp, Committee Clerk, County Clerk's Office

COUNTY OF MILWAUKEE  
Behavioral Health Division Administration  
INTER-OFFICE COMMUNICATION

**DATE:** January 13, 2014

**TO:** Sup. Peggy Romo West, Chairwoman, Committee on Health and Human Needs

**FROM:** Héctor Colón, Director, Department of Health and Human Services  
*Prepared by Susan Gadacz, Director, Community Services Branch Behavioral Health Division, Co-Chair of the Mental Health Redesign and Implementation Task Force*

**SUBJECT:** **From the Director, Department of Health and Human Services, submitting an informational report on the current activities of the Mental Health Redesign and Implementation Task Force**

**Issue**

In April 2011, the County Board of Supervisors passed a resolution (File No. 11-173) supporting efforts to redesign the Milwaukee County mental health system and creating a Mental Health Redesign and Implementation Task Force (Redesign Task Force) to provide the County Board with data-driven implementation and planning initiatives based on the recommendations of various public and private entities.

The Chairwoman of the Committee on Health and Human Needs requested monthly informational reporting on the activities of the Redesign Task Force.

**Background**

The Redesign Task Force first convened in 2011, delegating Action Teams (AT) to prioritize recommendations for system enhancements within the key areas of Person-Centered Care, Continuum of Care, Community Linkages, Workforce, and Quality. The AT co-chairs presented their initial prioritized recommendations to the Committee on Health and Human Needs in January 2012 and at a public summit where consultants from the Human Service Research Institute (HSRI) provided feedback and guidance in February 2012. The Redesign Task Force, its Executive Committee, and DHHS and BHD leadership resolved in March 2012 to issue a Request for Proposals (RFP) for technical assistance in implementing the affirmed recommendations. DHHS subsequently contracted with a consultation team comprised of ZiaPartners, Inc., and three subcontractors from September 2012 through July 2013.

In December 2012, the DHHS Director and BHD Administrator presented an informational report to the Committee on Health and Human Needs on the progress and activities of the Redesign Task Force, including a framework for planning, tracking, and recording progress on all redesign implementation activities, including those already accomplished or underway. The implementation activities were then framed within SMART Goals – Specific, Measurable, Attainable, Realistic, and Timebound – to promote greater accountability and clearer reporting.

In March 2013, the County Board of Supervisors passed Resolution File No. 13-266 authorizing the DHHS Director to implement the initiatives outlined in the SMART Goals in collaboration with the Redesign Task Force and community stakeholders. With that authorization, the Redesign Task Force, ATs, and their staff partners continue to work on the numerous Tactical Objectives of the SMART Goals in pursuit of specific Performance Targets for 2013 and 2014.

### **Discussion**

The Redesign Task Force held its final meeting of 2013 on December 4 at the Behavioral Health Division (BHD). The Quality Action Team presented the draft version of an online data dashboard for review and revision by the Task Force. When approved by the Task Force (and all data owners), the dashboard will be a public, permanent, and consistently updated presentation of data relating to the mental health system. The intent is to demonstrate the progress that the public and private redesign stakeholders are making toward a more community-based, recovery-oriented, person-centered system.

The development of the dashboard is responsive to SMART Goal 6 – “Establish a mechanism to publicly chart system quality indicators that reflect progress on Redesign SMART Goals” – as well as the HSRI recommendation to enhance quality assessment and improvement programs. The dashboard will be embedded within the County website as a slideshow (similar to Microsoft PowerPoint) navigated by users either with the arrow keys or a drop-down menu of the slide titles. Following revisions and additions suggested by the Task Force in December, the dashboard will be comprised of 15-20 slides and will go “live” to the public in January or February 2014, updated quarterly (or as new data become available) thereafter.

Some of the content in the draft dashboard was drawn from data presented at the all-provider meeting in the Community Services Branch (CSB) in November. A CSB program analyst presented these data to the Task Force at the meeting in conjunction with the draft dashboard, showing increasing requests for mental health services as well as strong positive outcomes for Targeted Case Management, Community Support Program, and Wiser Choice services. Additionally, the data show significant provider engagement in change initiatives to improve co-occurring capability, supported by the Milwaukee Co-Occurring Competency Cadre, or MC3.

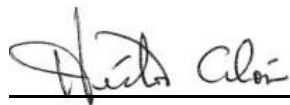
The Person-Centered Care Action Team completed Goal 1, Performance Target 1, Tactical Objective 1.1 with the revision of the MHSIP survey to have a more person-center approach. A highlight of some of the changes include: 1) Revised formatting for improved readability and user friendliness; 2) Encouragement of participation; 3) Three additional background "framing" questions at the beginning of the survey; 4) A statement emphasizing the importance and value of participants giving feedback; 5) Opportunities at the end of each section to provide comments; 6) Removal of six items that did not glean the kind of differences between agencies to provide ample value; and 7) The addition of six carefully developed survey questions to cover key areas we felt the former MHSIP survey was missing. The revised MHSIP survey tool will be piloted in 2014.

The Task Force discussed its 2014 workload and schedule and it was decided that the January 8, 2014 meeting date would be used to convene a smaller group to plan and prepare for a one-day summit for redesign stakeholders. This summit is tentatively scheduled for the first week of March 2014. The purpose of the summit is to provide a one-year progress update on the SMART Goals and to organize the necessary action and expertise to address cross-cutting issues and complete the remaining work on the SMART Goals in 2014. The planning group will work with the Task Force co-chairs and Jan Wilberg to set an agenda and prepare the logistics for the event.

The next meeting of the full Redesign Task Force will be Wednesday, February 12 from 3:00 to 5:00 p.m. at BHD, Room 1045. It is anticipated that the Task Force will not meet on a monthly basis in 2014. The schedule will be finalized at the February meeting.

**Recommendation**

This is an informational report. No action is necessary.



---

Héctor Colón, Director  
Department of Health and Human Services

cc: County Executive Chris Abele  
Raisa Koltun, Legislative Affairs Director – County Executive’s Office  
Kelly Bablitch, County Board Chief of Staff  
Don Tyler, Director – DAS  
Josh Fudge, Fiscal & Budget Administrator  
Matt Fortman, Fiscal and Management Analyst – DAS  
Steve Cady, Director of Research Services – Comptroller’s Office  
Janelle Jensen, Committee Clerk – County Clerk’s Office  
Jodi Mapp, Committee Clerk – County Clerk’s Office